The patient was a 53-year-old male with a history of rectal adenocarcinoma (solitary nodule of 2.7 cm), presented with fever, progressive hemodynamic instability, multi-organ failure, and thrombocytopenia following lobectomy for a solitary lung metastasis of rectal adenocarcinoma. Additionally, he developed progressive generalized eruption of non-blanching purple to black macules, papules, and plaques on the trunk and extremities consistent with PF. He expired on post-admission day three. Autopsy examination revealed pleural purulent exudate, which grew toxic shock syndrome toxin-1 (TSST-1) producing Staphylococcus aureus. Pre-mortem and autopsy skin biopsies demonstrated subepidermal bullae, epidermal necrosis, and fibrin deposition within small cutaneous vessels with minimal lymphocytic infiltration. Vasculitis was not present. TSS associated PF may be highly under-recognized and much more common than reflected by the literature.